

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kieran Michael Lalor 2008

**A.**

Full Name (Last, First, Middle Initial)

S. Kaupe

Mailing Address 1185 N Lake Way

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inquired - no response

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.16819

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Kavalier

Mailing Address 80 Pine St

City

New York

State

NY

Zip Code

10005-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.16821

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha A. Keane

Mailing Address 582 Heritage Hills Unit E

City

Somers

State

NY

Zip Code

10589-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEED INFO.

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.16827

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....